

EXHIBIT 2

ANNUAL LIST OF MANAGER OR MEMBERS AND RESIDENT AGENT OF

FILE NUMBER

TANAMERA CORPORATE CENTER, LLC

LLC28416-2004

(Name of Limited-Liability Company)

FOR THE FILING PERIOD OF DECEMBER 2005 TO DECEMBER 2006

The corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is

GREGORY L GOUGH
4755 CAUGHLIN PKWY
SUITE A
RENO NV 89509

Filed in the office of

Dean Heller

Dean Heller
Secretary of State
State of Nevada

Document Number

20060053320-21

Filing Date and Time

01/27/2006 7:23 AM

Entity Number

LLC28416-2004

A FORM TO CHANGE RESIDENT AGENT INFORMATION CAN BE FOUND ON OUR WEBSITE: secretaryofstate.nv.gov**Important: Read instructions before completing and returning this form.**

THE ABOVE SPACE IS FOR OFFICE USE ONLY

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to resident agent.)
FORM WILL BE RETURNED IF UNSIGNED

- Print or type names and addresses, either residence or business, for all managers, or if none, its members. A Manager, or if none, a Managing Member of the company must sign the form.
- If there are additional managers or members, attach a list of them to this form.
- Return the completed form with the \$125.00 filing fee. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE \$125.00

LATE PENALTY \$75.00

| | | | |
|--------------------------------------|---|----------|--------------|
| NAME DDH FINANCIAL CORP. | (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input checked="" type="checkbox"/> MANAGER <input type="checkbox"/> MEMBER | | |
| ADDRESS 5470 RENO CORPORATE DRIVE | CITY RENO, | ST NV | ZIP 89511 |
| NAME B&L INVESTMENTS, INC | (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input checked="" type="checkbox"/> MANAGER <input type="checkbox"/> MEMBER | | |
| ADDRESS 5470 RENO CORPORATE DRIVE | CITY RENO, | ST NV | ZIP 89511 |
| NAME | (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input type="checkbox"/> MANAGER <input type="checkbox"/> MEMBER | | |
| ADDRESS | CITY | ST | ZIP |
| NAME | (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input type="checkbox"/> MANAGER <input type="checkbox"/> MEMBER | | |
| ADDRESS | CITY | ST | ZIP |
| NAME | (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input type="checkbox"/> MANAGER <input type="checkbox"/> MEMBER | | |
| ADDRESS | CITY | ST | ZIP |

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Burt S. ...
X Signature of Manager or Managing Member

Title *MANAGER*Date *1-26-05*

Nevada Secretary of State Form #ANNUAL LIST-LLC 2002
Revised Jan 2004

INITIAL LIST OF MANAGER OR MEMBERS AND RESIDENT AGENT OF

Tanamera Corporate Center, LLC.

FILE NUMBER

(Name of Limited-Liability Company)

FOR THE FILING PERIOD OF 02/05 TO 02/06

The corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:

Greg Gough
4755 Caughlin Pkwy #A
Reno, NV 89509

Filed in the office of

Dean Heller
Dean Heller
Secretary of State
State of Nevada

Document Number

20050073365-51

Filing Date and Time

02/28/2005 10:21 AM

Entity Number

LLC28416-2004

☐ CHECK BOX IF YOU REQUIRE A FORM TO UPDATE YOUR RESIDENT AGENT INFORMATION

Important: Read instructions before completing and returning this form.

THE ABOVE SPACE IS FOR OFFICE USE ONLY

- Print of type names and addresses, either residence or business, for all managers or members. A Manager, or if none, a Member of the company must sign the form. FORM WILL BE RETURNED UNUSABLE.
- If there are additional managers or members, attach a list of them to this form.
- Return the completed form with the \$125.00 filing fee. A \$75.00 penalty must be added for failure to file this form by the last day of first month following organization date.
- Make your check payable to the Secretary of State. Your cancelled check will constitute a certificate to transact business. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the first month following the initial registration date. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE: \$125.00 LATE PENALTY: \$75.00

| | | | |
|---|-------------------|--|---------------------------------|
| NAME DDII Financial Corporation | | (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) | |
| | | <input checked="" type="checkbox"/> MANAGER | <input type="checkbox"/> MEMBER |
| ADDRESS 9460 Double R Blvd., Suite 200 | CITY Reno | ST NV | ZIP 89521 |
| NAME USA Investment Partners, LLC | | (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) | |
| | | <input checked="" type="checkbox"/> MANAGER | <input type="checkbox"/> MEMBER |
| ADDRESS 4484 S. Pecos Road | CITY Las Vegas | ST NV | ZIP 89121 |
| NAME | | (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) | |
| | | <input type="checkbox"/> MANAGER | <input type="checkbox"/> MEMBER |
| ADDRESS | CITY | ST | ZIP |
| NAME | | (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) | |
| | | <input type="checkbox"/> MANAGER | <input type="checkbox"/> MEMBER |
| ADDRESS | CITY | ST | ZIP |
| NAME | | (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) | |
| | | <input type="checkbox"/> MANAGER | <input type="checkbox"/> MEMBER |
| ADDRESS | CITY | ST | ZIP |

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 380.780 and acknowledge that pursuant to NRS 235.330, it is a category C entity to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Signature of Manager or Managing Member

Title

Manager

Date

2/24/05

ANNUAL LIST OF MANAGERS OR MEMBERS OF:

TANAMERA CORPORATE CENTER LLC
FOR THE PERIOD DEC 2005 TO 2006. DUE BY DEC 31, 2005.



LLC28416-2004

The Limited-Liability Company's duly appointed resident agent in the State of Nevada upon whom process can be served is:

GREGORY L GOUGH
 4755 CAUGHLIN PKWY
 SUITE A
 RENO NV 89509

| | |
|--|--|
| Filed in the office of <i>Dean Heller</i> Dean Heller Secretary of State State of Nevada | Document Number 20050522356-70 Filing Date and Time 11/02/2005 9:45 AM Entity Number LLC28416-2004 |
|--|--|

☐ IF THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHANGE OF RESIDENT AGENT/ADDRESS FORM WILL BE SENT.

THE ABOVE SPACE IS FOR OFFICE USE ONLY

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

1. Include the names and addresses, either residence or business, for all managers, or if none, its members. Last year's information has been preprinted. If you need to make changes, cross out the incorrect information and insert the new information above it. A manager, or if none, a member of the company must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or members, attach a list of them to this form.
3. Return the completed form with the \$125.00 filing fee. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the Secretary of State. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 N. Carson St., Carson City, NV 89701-4201. (775) 684-5708.
6. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE: \$125.00 PENALTY: \$75.00

| | | | |
|--|-------------|--|-----------------|
| NAME DDH FINANCIAL CORPORATION | TITLE(S) | (Document will be rejected if Title not indicated) | |
| P.O. BOX | ADDRESS | <input checked="" type="checkbox"/> MANAGER <input checked="" type="checkbox"/> MEMBER | |
| 9460 DOUBLE R BLVD STE 200 | RENO | NV | 89521 |
| NAME | TITLE(S) | (Document will be rejected if Title not indicated) | |
| USA INVESTMENT PARTNERS, LLC | | <input checked="" type="checkbox"/> MANAGER <input checked="" type="checkbox"/> MEMBER | |
| P.O. BOX | ADDRESS | CITY | ST. ZIP |
| 4484 S PECOS RD | | LAS VEGAS | NV 89121 |
| NAME | TITLE(S) | (Document will be rejected if Title not indicated) | |
| | | <input type="checkbox"/> MANAGER <input type="checkbox"/> MEMBER | |
| P.O. BOX | ADDRESS | CITY | ST. ZIP |
| | | | |
| NAME | TITLE(S) | (Document will be rejected if Title not indicated) | |
| | | <input type="checkbox"/> MANAGER <input type="checkbox"/> MEMBER | |
| P.O. BOX | ADDRESS | CITY | ST. ZIP |
| | | | |
| NAME | TITLE(S) | (Document will be rejected if Title not indicated) | |
| | | <input type="checkbox"/> MANAGER <input type="checkbox"/> MEMBER | |
| P.O. BOX | ADDRESS | CITY | ST. ZIP |
| | | | |

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Signature of Manager or Managing Member

Date

10-27-05

01C55A2
(Rev 01/95)